DEPARTMENT OF HOMELAND SECURITY

UNITED STATES CUSTOMS AND BORDER PROTECTION PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number:	Court Case Number: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: For	Type of Process: Forfeiture - Service	
SERVE AT: (Name of Individual, Company, Corporation, etc Bik Yuk Wong, c/o Kun Fuk Cheng 12205			
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207		Number of Processes to	o be Served
		Number of Parties to Ser	ved
		Check box if service is on	USA
Please serve the following: A certified copy and Forfeiture	y of the Preliminary Order	of Forfeiture and the N	otice of Publication
Signature of Attorney or other Originator requesting service on bel	half of: (X)Plaintiff () Defendant	of Forfeiture and the N Telephone No. 518-431-0247	otice of Publication
Signature of Attorney or other Originator requesting service on bell and the Company of Thomas A. Capsignature and Date of Person accepting Process:	half of: (X)Plaintiff () Defendant DEZZA, AUSA	Telephone No. 518-431-0247	Date 4/3/06
Signature of Attorney or other Originator requesting service on being a signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I	half of: (X)Plaintiff () Defendant DEZZA, AUSA	Telephone No. 518-431-0247	Date 4/3/06
Signature of Attorney or other Originator requesting service on bell Thomas A. Cap Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I Lacknowledge receipt for the total number of process indicated. District of Origin No District to No	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON D Serve Signature of Authorized Dept. of Agency Officer	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security	Date 4/3/06 AGENCY Date
Signature of Attorney or other Originator requesting service on bell Thomas A. Cap Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I I acknowledge receipt for the total number of process indicated. I hereby certify and return that I() personally set the Process Described on the individual, company, or the individual, company, or the individual of the process described on the individual, company, or the individual of the process described on the individual, company, or the individual of the process described on the individual, company, or the individual of the process described on the individual of the proces	DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency Officer RVED. THAVE LEGAL EVIDENCE OF CORPORATION, ETC., AT THE ADDRESS.	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security SERVICE. () HAVE EXECUTED AS SHOWN ABOVE OR ON THE ADD	Date 4,5.200 AS SHOWN IN 'REMARKS', ORESSINSERTED BELOW
Signature of Attorney or other Originator requesting service on beland and Date of Person accepting Process: SPACE BELOW FOR USE OF I I acknowledge receipt for the total number of process indicated. I HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, COMP	DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency Officer RVED. THAVE LEGAL EVIDENCE OF CORPORATION, ETC., AT THE ADDRESS.	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security SERVICE. () HAVE EXECUTED A SHOWN ABOVE OR ON THE ADI	Date 4/3/06 AGENCY Date 4, 5, 200 AS SHOWN IN 'REMARKS', ORESSINSERTED BELOW BOVE
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Process was served by Certified Mail on 4.8.2006 as evidenced by the attached copy of the return receipt.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X		
1. Article Addressed to: Bik Yuk Wong c/o Kun Fuk Cheng, aka: Steven Cheng 1881 Central Ave.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
Albany, NY 12205 daO BECEIAED BECEIAED	Service Type Certified Matto D Express Mail Registered D Return Receipt for Merchandise Insured Mail D COD. 4. Restricted Delivery (Extra Fee) D Yes		
2. Article Number (Transfer from service label) 7 🖂 🖂 4	2890 0002 4005 8785		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			